

GRANT ACQUISITION AGREEMENT

All grants issued by the Mayor and Cheverly Town Council are from appropriated funds of the Town of Cheverly and must be accounted for to specified auditing standards.

Name: _____ Phone: _____

Address: _____
Cheverly, MD 20785

Organization: _____

- I hereby agree NOT to expend funds allocated to the designated organization for salaries, stipends and/or personal income.
- As duly authorized by the above named organization to accept this grant, I assume full responsibility for the proper expenditure of funds for the requested expenses and will report to the town staff the manner in which expended.
- Receipts and a full accounting of all grant funds are required by the end of the given Fiscal Year ending June 30th.
- I also understand that the funds provided are not for my own personal use, and that violation of this agreement will result in the reimbursement to the Town of Cheverly of any/all funds spent outside the parameters as denoted in the grant application.

Date: _____

Signature of Grant Recipient

PLEASE ATTACH THE FOLLOWING:

- ❖ *THE PURPOSE OF THE GRANT REQUEST.*
- ❖ *A DETAILED DESCRIPTION OF THE PROJECT/PROGRAM YOU WISH TO EXECUTE WITH THE CHEVERLY GRANT PROGRAM FUNDING.*
- ❖ *A DETAILED ACCOUNTING OF AMOUNTS AND ACTIVITIES/ITEMS FOR WHICH THE GRANT FUNDS SHALL BE UTILIZED.*
- ❖ *A DETAILED TIMELINE FOR THE EXPENDITURE OF FUNDS.*
- ❖ *THE OVERALL BENEFIT TO THE COMMUNITY.*